

2010 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Delbert Hosemann
SECRETARY OF STATE

Name of Committee Committee to Elect John Einfinger
Address PO Box 50, Brandon, MS 39043
Telephone 601.942-0122 Fax _____
Treasurer Mary Ann Hood Email hoodmaebellsouth.net

RECEIVED
JUN 10 2010
Campaign Finance
Secretary of State
DATESTAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
✓ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
____ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-307 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$3200 + \$100	\$ 3300	\$ 12,250
Total amount of disbursements	\$361.50 + \$	\$ 361.50	\$ 5,674.40
Total amount of cash on hand		\$ 6575.60	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mary Ann Hood
Signature of Director or Treasurer

6-10-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee

John Enfinger

Reporting period

MAY 1, 2010

through

MAY 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Stephen H. Madding</u>		<u>5/4/10</u>	\$ <u>2500.00</u>
Mailing Address <u>208 Peppertree, Pearl, MS 39208</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>___/___/___</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>___/___/___</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>___/___/___</u>		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BARNETT LAW FIRM</u>		<u>4/10/10</u>	\$ <u>300.00</u>
Mailing Address <u>501 S. State St</u>		<u>5/24/10</u>	\$ <u>200.00</u>
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>___/___/___</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>___/___/___</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Keith Campbell</u>		<u>5/24/10</u>	\$ <u>500.00</u>
Mailing Address <u>3202 Service Dr</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Pearl, MS 39208</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>___/___/___</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>___/___/___</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>___/___/___</u>		<u>___/___/___</u>	\$
Mailing Address <u>___/___/___</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>___/___/___</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>___/___/___</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>___/___/___</u>		Aggregate year-to-date	\$

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Name of Candidate or Committee to Elect John Enfinger
 Reporting period MAY 7, 2010 through MAY 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>PREMIUM GRAPHICS</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5512 MITCHELDALE RD, HOUSTON TX 77092</u>		<u>5/6/10</u>	\$ <u>1284.00</u>
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name <u>CHARLES BARBOUR</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO BOX 412, JACKSON, MS 39205</u>		<u>5/22/10</u>	\$ <u>2327.50</u>
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$